2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000394

FILED Jan 10, 2006 Secretary of State

Entity Name: KEY WEST POLICE ATHLETIC LEAGUE, INC.

Current Principal Place of Business: New Principal Place of Business:

1604 N ROOSEVELT BLVD KEY WEST, FL 33040

Current Mailing Address: New Mailing Address:

1604 N ROOSEVELT BLVD KEY WEST, FL 33040

FEI Number: 65-0393483 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STEPHENS, KURT OFFICER

1604 N ROOSEVELT BLVD

KEY WEST, FL 33040 US

STEPHENS, KURT A OFFICER

1604 N ROOSEVELT BLVD

KEY WEST, FL 33040 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KURT A. STEPHENS 01/10/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete STEPHENS, KURT OFFICER STEPHENS, KURT A OFFICER Name: Name: 1604 N ROOSEVELT BLVD Address: 1604 N ROOSEVELT BLVD Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: KEY WEST, FL 33040 Title: () Delete Title: () Change () Addition Name: LA LAMA, FRANK OFFICER Name: Address: 1604 N ROOSEVELT BLVD Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: Title: () Delete Title: () Change () Addition MCPHERSON, MORGAN Name: Name: Address: 23 CALLE UNO Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip:

Title: S () Delete Title: () Change () Addition Name: REAM, KATHLEEN SGT. Name:

 Address:
 1604 N ROOSEVELT BLVD
 Address:

 City-St-Zip:
 KEY WEST, FL 33040
 City-St-Zip:

Title: VD () Delete Title: () Change () Addition

 Name:
 JANE, PHILLIPS
 Name:

 Address:
 1500 REYNOLDS STREET
 Address:

 City-St-Zip:
 KEY WEST, FL 33040
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KURT A. STEPHENS PD 01/10/2006